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UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
ROCKFORD DIVISION

In re: DIXON, SHIRLEY F

§ Case No. 15-81827

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Debtor(s)

TRUSTEE'S FINAL REPORT (TFR)

The undersigned trustee hereby makes this Final Report and states as follows:

1. A petition under Chapter 7 of the United States Bankruptcy Code was filed on July 15, 2015. The undersigned trustee was appointed on July 15, 2015.
2. The trustee faithfully and properly fulfilled the duties enumerated in 11 U.S.C. §704.
3. All scheduled and known assets of the estate have been reduced to cash, released to the debtor as exempt property pursuant to 11 U.S.C. § 522, or have been or will be abandoned pursuant to 11 U.S.C. § 554. An individual estate property record and report showing the disposition of all property of the estate is attached as **Exhibit A**.

4. The trustee realized the gross receipts of \$ 100,000.00

Funds were disbursed in the following amounts:

Payments made under an interim distribution	<u>16,150.00</u>
Administrative expenses	<u>34,485.20</u>
Bank service fees	<u>0.00</u>
Other payments to creditors	<u>0.00</u>
Non-estate funds paid to 3rd Parties	<u>0.00</u>
Exemptions paid to the debtor	<u>15,000.00</u>
Other payments to the debtor	<u>0.00</u>
Leaving a balance on hand of ¹	<u>\$ 34,364.80</u>

The remaining funds are available for distribution.

5. Attached as **Exhibit B** is a cash receipts and disbursements record for each estate bank account.

¹ The balance of funds on hand in the estate may continue to earn interest until disbursed. The interest earned prior to disbursement will be distributed pro rata to creditors within each priority category. The trustee may receive additional compensation not to exceed the maximum compensation set forth under 11 U.S.C. § 326(a) on account of the disbursement of the additional interest.

6. The deadline for filing non-governmental claims in this case was 02/08/2016 and the deadline for filing governmental claims was 01/11/2016. All claims of each class which will receive a distribution have been examined and any objections to the allowance of claims have been resolved. If applicable, a claims analysis, explaining why payment on any claim is not being made, is attached as **Exhibit C**.

7. The Trustee's proposed distribution is attached as **Exhibit D**.

8. Pursuant to 11 U.S.C. § 326(a), the maximum compensation allowable to the trustee is \$7,500.00. To the extent that additional interest is earned before case closing, the maximum compensation may increase.

The trustee has received \$0.00 as interim compensation and now requests the sum of \$7,500.00, for a total compensation of \$7,500.00.²In addition, the trustee received reimbursement for reasonable and necessary expenses in the amount of \$0.00 and now requests reimbursement for expenses of \$5.68, for total expenses of \$5.68.²

Pursuant to Fed R Bank P 5009, I hereby certify, under penalty of perjury, that the foregoing report is true and correct.

Date: 11/10/2016 By: /s/MEGAN G. HEEG

Trustee

STATEMENT: This Uniform Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.

²If the estate is administratively insolvent, the dollar amounts reflected in this paragraph may be higher than the amounts listed in the Trustee's Proposed Distribution (Exhibit D)

Form 1

Individual Estate Property Record and Report

Asset Cases

Case Number: 15-81827

Trustee: (330490) MEGAN G. HEEG

Case Name: DIXON, SHIRLEY F

Filed (f) or Converted (c): 07/15/15 (f)

§341(a) Meeting Date: 08/20/15

Period Ending: 11/10/16

Claims Bar Date: 02/08/16

1 Asset Description (Scheduled And Unscheduled (u) Property) Ref. #	2 Petition/ Unscheduled Values	3 Estimated Net Value (Value Determined By Trustee, Less Liens, Exemptions, and Other Costs)	4 Property <u>Abandoned</u> OA=\$554(a)	5 Sale/Funds Received by the Estate	6 Asset Fully Administered (FA)/ Gross Value of Remaining Assets
1 Associated Bank/Checking Imported from original petition Doc# 1	210.00	0.00		0.00	FA
2 Misc. household goods and furnishings Imported from original petition Doc# 1	1,000.00	0.00		0.00	FA
3 Clothing and personal items Imported from original petition Doc# 1	400.00	0.00		0.00	FA
4 2006 Ford 500 (Does Not Run) Imported from original petition Doc# 1	300.00	0.00		0.00	FA
5 Potential Personal Injury with Attorney Crosby Imported from original petition Doc# 1	Unknown	68,850.00		100,000.00	FA
5 Assets Totals (Excluding unknown values)	\$1,910.00	\$68,850.00		\$100,000.00	\$0.00

Major Activities Affecting Case Closing:

Initial Projected Date Of Final Report (TFR): September 30, 2016

Current Projected Date Of Final Report (TFR): November 10, 2016 (Actual)

Form 2

Cash Receipts And Disbursements Record

Case Number: 15-81827

Case Name: DIXON, SHIRLEY F

Taxpayer ID #: **-***5769

Period Ending: 11/10/16

Trustee: MEGAN G. HEEG (330490)

Bank Name: Rabobank, N.A.

Account: *****8566 - Checking Account

Blanket Bond: \$1,500,000.00 (per case limit)

Separate Bond: N/A

1 Trans. Date	2 {Ref #} / Check #	3 Paid To / Received From	4 Description of Transaction	T-Code	5 Receipts \$	6 Disbursements \$	7 Checking Account Balance
03/14/16		Law Office of Crosby & Associates, P.C.	Gross personal injury settlement proceeds		11,476.44		11,476.44
	{5}		Settlement 20,000.00	1142-000			11,476.44
			Attorneys Fees The Crosby Law Firm -6,666.67	3210-600			11,476.44
			Special Counsel Expenses -706.89	3220-610			11,476.44
			Lien paid Rockford Orthopedic Assoc. -1,150.00	4220-000			11,476.44
03/31/16		Rabobank, N.A.	Bank and Technology Services Fee	2600-000		10.00	11,466.44
04/29/16		Rabobank, N.A.	Bank and Technology Services Fee	2600-000		15.89	11,450.55
05/31/16		Rabobank, N.A.	Bank and Technology Services Fee	2600-000		15.87	11,434.68
06/08/16		Rabobank, N.A.	Bank and Technology Services Fee Adjustment	2600-000		-41.76	11,476.44
06/30/16	101	Shirley F. Dixon	Debtor's exemption portion per court Order dated 2/17/16	8100-002		11,476.44	0.00
10/28/16		Law office of Crosby & Associates	personal injury settlement proceeds		37,888.36		37,888.36
	{5}		gross settlement 80,000.00 proceeds pursuant to 9/14/16 Order	1142-000			37,888.36
			special counsel expenses -445.00	3220-610			37,888.36
			special counsel fees -26,666.64	3210-600			37,888.36
			Blue Cross lien -10,000.00	4220-000			37,888.36
			State Farm Lien -5,000.00	4220-000			37,888.36
11/02/16	102	Shirley F. Dixon	Debtor's remaining personal injury exemption per court order dated 9/14/16	8100-002		3,523.56	34,364.80

ACCOUNT TOTALS	49,364.80	15,000.00	\$34,364.80
Less: Bank Transfers	0.00	0.00	
Subtotal	49,364.80	15,000.00	
Less: Payments to Debtors		15,000.00	
NET Receipts / Disbursements	\$49,364.80	\$0.00	

Form 2

Cash Receipts And Disbursements Record

Case Number: 15-81827
Case Name: DIXON, SHIRLEY F

Trustee: MEGAN G. HEEG (330490)
Bank Name: Rabobank, N.A.
Account: *****8566 - Checking Account
Blanket Bond: \$1,500,000.00 (per case limit)
Separate Bond: N/A

Taxpayer ID #: **-***5769
Period Ending: 11/10/16

1	2	3	4		5	6	7
Trans. Date	{Ref #} / Check #	Paid To / Received From	Description of Transaction	T-Code	Receipts \$	Disbursements \$	Checking Account Balance

	Net Receipts	Net Disbursements	Account Balances
TOTAL - ALL ACCOUNTS			
Checking # *****8566	49,364.80	0.00	34,364.80
	<u>\$49,364.80</u>	<u>\$0.00</u>	<u>\$34,364.80</u>

Exhibit C CLAIMS PROPOSED DISTRIBUTION**Case: 15-81827 DIXON, SHIRLEY F****Case Balance:** \$34,364.80 **Total Proposed Payment:** \$34,364.80 **Remaining Balance:** \$0.00

Claim #	Claimant Name	Type	Amount Filed	Amount Allowed	Paid to Date	Claim Balance	Proposed Payment	Remaining Funds
NOTFILE D	Attorney George P. Hampilos Hampilos & Langley, Ltd.	Secured	0.00	0.00	0.00	0.00	0.00	34,364.80
NOTFILE D	Attorney Thomas Luchetti	Secured	0.00	0.00	0.00	0.00	0.00	34,364.80
	Ehrmann Gehlbach Badger Lee & Considine, LLC <3120-00 Attorney for Trustee Expenses (Trustee Firm)>	Admin Ch. 7	196.22	196.22	0.00	196.22	196.22	34,168.58
	Ehrmann Gehlbach Badger Lee & Considine, LLC <3110-00 Attorney for Trustee Fees (Trustee Firm)>	Admin Ch. 7	4,510.00	4,510.00	0.00	4,510.00	4,510.00	29,658.58
	MEGAN G. HEEG <2200-00 Trustee Expenses>	Admin Ch. 7	5.68	5.68	0.00	5.68	5.68	29,652.90
	MEGAN G. HEEG <2100-00 Trustee Compensation>	Admin Ch. 7	7,500.00	7,500.00	0.00	7,500.00	7,500.00	22,152.90
1	Crusader Clinic	Unsecured	137.00	137.00	0.00	137.00	137.00	22,015.90
2	Midland Credit Management, Inc. as agent for	Unsecured	934.39	934.39	0.00	934.39	934.39	21,081.51
3	Grant Park Auto Sales, Inc.	Unsecured	5,762.00	0.00	0.00	0.00	0.00	21,081.51
3 -2	Grant Park Auto Sales, Inc.	Unsecured	5,762.00	5,762.00	0.00	5,762.00	5,762.00	15,319.51
NOTFILE D	ALL CREDIT LENDERS	Unsecured	0.00	0.00	0.00	0.00	0.00	15,319.51
NOTFILE D	Affordable Cash Advance c/o Attorney D. Richard Haime	Unsecured	0.00	0.00	0.00	0.00	0.00	15,319.51
NOTFILE D	All Credit Lenders	Unsecured	0.00	0.00	0.00	0.00	0.00	15,319.51
NOTFILE D	Allied Business Accounts	Unsecured	0.00	0.00	0.00	0.00	0.00	15,319.51
NOTFILE D	Amberwood Care Center	Unsecured	0.00	0.00	0.00	0.00	0.00	15,319.51
NOTFILE D	Ameriloan	Unsecured	0.00	0.00	0.00	0.00	0.00	15,319.51
NOTFILE D	Aspire Visa Card Services	Unsecured	0.00	0.00	0.00	0.00	0.00	15,319.51
NOTFILE D	Asset Acceptance LLC	Unsecured	0.00	0.00	0.00	0.00	0.00	15,319.51
NOTFILE D	Cash Loan Store	Unsecured	0.00	0.00	0.00	0.00	0.00	15,319.51
NOTFILE D	Catherine's c/o Comenity BK Dept fka WFNNB	Unsecured	0.00	0.00	0.00	0.00	0.00	15,319.51
NOTFILE D	Cortrust Bank	Unsecured	0.00	0.00	0.00	0.00	0.00	15,319.51

Exhibit C CLAIMS PROPOSED DISTRIBUTION**Case: 15-81827 DIXON, SHIRLEY F**

Case Balance:	\$34,364.80	Total Proposed Payment:	\$34,364.80	Remaining Balance:	\$0.00
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Claim #	Claimant Name	Type	Amount Filed	Amount Allowed	Paid to Date	Claim Balance	Proposed Payment	Remaining Funds
NOTFILE D	Creditors Protection Service	Unsecured	0.00	0.00	0.00	0.00	0.00	15,319.51
NOTFILE D	East Bay Finding, LLC c/o Resurgent Capital Solutions	Unsecured	0.00	0.00	0.00	0.00	0.00	15,319.51
NOTFILE D	East Side Lenders	Unsecured	0.00	0.00	0.00	0.00	0.00	15,319.51
NOTFILE D	Elite Recovery Services	Unsecured	0.00	0.00	0.00	0.00	0.00	15,319.51
NOTFILE D	FRONTLINE RECOVERY GROUP	Unsecured	0.00	0.00	0.00	0.00	0.00	15,319.51
NOTFILE D	Fiat Financial Money Center	Unsecured	0.00	0.00	0.00	0.00	0.00	15,319.51
NOTFILE D	First National Credit Card	Unsecured	0.00	0.00	0.00	0.00	0.00	15,319.51
NOTFILE D	First Premier Bank	Unsecured	0.00	0.00	0.00	0.00	0.00	15,319.51
NOTFILE D	HSBC Card Services	Unsecured	0.00	0.00	0.00	0.00	0.00	15,319.51
NOTFILE D	Jefferson Capital Systems LLC	Unsecured	0.00	0.00	0.00	0.00	0.00	15,319.51
NOTFILE D	MIDLAND CREDIT MANAGEMENT	Unsecured	0.00	0.00	0.00	0.00	0.00	15,319.51
NOTFILE D	McCauley & Associates Co.	Unsecured	0.00	0.00	0.00	0.00	0.00	15,319.51
NOTFILE D	Midland Credit Management	Unsecured	0.00	0.00	0.00	0.00	0.00	15,319.51
NOTFILE D	Midwest Title Loans	Unsecured	0.00	0.00	0.00	0.00	0.00	15,319.51
NOTFILE D	Mutual Management Services Inc	Unsecured	0.00	0.00	0.00	0.00	0.00	15,319.51
NOTFILE D	Mutual Management Services Inc c/o Attorney James C. Thompso	Unsecured	0.00	0.00	0.00	0.00	0.00	15,319.51
NOTFILE D	Omnicare	Unsecured	0.00	0.00	0.00	0.00	0.00	15,319.51
NOTFILE D	Palisades Collection LLC	Unsecured	0.00	0.00	0.00	0.00	0.00	15,319.51
NOTFILE D	PayDay One	Unsecured	0.00	0.00	0.00	0.00	0.00	15,319.51
NOTFILE D	PennCredit	Unsecured	0.00	0.00	0.00	0.00	0.00	15,319.51

Exhibit C CLAIMS PROPOSED DISTRIBUTION

Case: 15-81827 DIXON, SHIRLEY F

Case Balance: \$34,364.80 **Total Proposed Payment:** \$34,364.80 **Remaining Balance:** \$0.00

Claim #	Claimant Name	Type	Amount Filed	Amount Allowed	Paid to Date	Claim Balance	Proposed Payment	Remaining Funds
NOTFILE D	Primesource of Ohio	Unsecured	0.00	0.00	0.00	0.00	0.00	15,319.51
NOTFILE D	Rockford Gastroenterology Assoc	Unsecured	0.00	0.00	0.00	0.00	0.00	15,319.51
NOTFILE D	Rockford Health Systems Anesthesiology Services	Unsecured	0.00	0.00	0.00	0.00	0.00	15,319.51
NOTFILE D	Rockford Mercantile Agency Inc	Unsecured	0.00	0.00	0.00	0.00	0.00	15,319.51
NOTFILE D	Royce Financial	Unsecured	0.00	0.00	0.00	0.00	0.00	15,319.51
NOTFILE D	Swedish American Hospital	Unsecured	0.00	0.00	0.00	0.00	0.00	15,319.51
NOTFILE D	Tate & Kirlin Associates	Unsecured	0.00	0.00	0.00	0.00	0.00	15,319.51
NOTFILE D	Tribute Card Service	Unsecured	0.00	0.00	0.00	0.00	0.00	15,319.51
NOTFILE D	VATIV Recovery Solutions LLC d/b/a SMC	Unsecured	0.00	0.00	0.00	0.00	0.00	15,319.51
4	SFC Central Bankruptcy	Unsecured	330.00	330.00	0.00	330.00	196.50	15,123.01
5	Blue Cross Blue Shield of Illinois	Unsecured	30,118.45	20,118.45	0.00	20,118.45	11,979.69	3,143.32
6	Rockford Health Physicians	Unsecured	5,278.82	5,278.82	0.00	5,278.82	3,143.32	0.00
Total for Case 15-81827 :			\$60,534.56	\$44,772.56	\$0.00	\$44,772.56	\$34,364.80	

CASE SUMMARY

	Amount Filed	Amount Allowed	Paid to Date	Proposed Payment	% paid
Total Administrative Claims :	\$12,211.90	\$12,211.90	\$0.00	\$12,211.90	100.000000%
Total Secured Claims :	\$0.00	\$0.00	\$0.00	\$0.00	0.000000%
Total Unsecured Claims :	\$48,322.66	\$32,560.66	\$0.00	\$22,152.90	68.035783%

TRUSTEE'S PROPOSED DISTRIBUTION

Exhibit D

Case No.: 15-81827

Case Name: DIXON, SHIRLEY F

Trustee Name: MEGAN G. HEEG

Balance on hand: \$ 34,364.80

Claims of secured creditors will be paid as follows:

Claim No.	Claimant	Claim Asserted	Allowed Amount of Claim	Interim Payments to Date	Proposed Payment
None					

Total to be paid to secured creditors: \$ 0.00

Remaining balance: \$ 34,364.80

Applications for chapter 7 fees and administrative expenses have been filed as follows:

Reason/Applicant	Total Requested	Interim Payments to Date	Proposed Payment
Trustee, Fees - MEGAN G. HEEG	7,500.00	0.00	7,500.00
Trustee, Expenses - MEGAN G. HEEG	5.68	0.00	5.68
Attorney for Trustee, Fees - Ehrmann Gehlbach Badger Lee & Considine, LLC	4,510.00	0.00	4,510.00
Attorney for Trustee, Expenses - Ehrmann Gehlbach Badger Lee & Considine, LLC	196.22	0.00	196.22

Total to be paid for chapter 7 administration expenses: \$ 12,211.90

Remaining balance: \$ 22,152.90

Applications for prior chapter fees and administrative expenses have been filed as follows:

Reason/Applicant	Total Requested	Interim Payments to Date	Proposed Payment
None			

Total to be paid for prior chapter administrative expenses: \$ 0.00

Remaining balance: \$ 22,152.90

In addition to the expenses of administration listed above as may be allowed by the Court, priority claims totaling \$0.00 must be paid in advance of any dividend to general (unsecured) creditors.

Allowed priority claims are:

Claim No	Claimant	Allowed Amount of Claim	Interim Payments to Date	Proposed Payment
None				

Total to be paid for priority claims: \$ 0.00

Remaining balance: \$ 22,152.90

The actual distribution to wage claimants included above, if any, will be the proposed payment less applicable withholding taxes (which will be remitted to the appropriate taxing authorities).

Timely claims of general (unsecured) creditors totaling \$ 6,833.39 have been allowed and will be paid *pro rata* only after all allowed administrative and priority claims have been paid in full. The timely allowed general (unsecured) dividend is anticipated to be 100.0 percent, plus interest (if applicable).

Timely allowed general (unsecured) claims are as follows:

Claim No	Claimant	Allowed Amount of Claim	Interim Payments to Date	Proposed Payment
1	Crusader Clinic	137.00	0.00	137.00
2	Midland Credit Management, Inc. as agent for	934.39	0.00	934.39
3	Grant Park Auto Sales, Inc.	0.00	0.00	0.00
3 -2	Grant Park Auto Sales, Inc.	5,762.00	0.00	5,762.00

Total to be paid for timely general unsecured claims: \$ 6,833.39

Remaining balance: \$ 15,319.51

Tardily filed claims of general (unsecured) creditors totaling \$ 25,727.27 have been allowed and will be paid pro rata only after all allowed administrative, priority and timely filed general (unsecured) claims have been paid in full. The tardily filed claim dividend is anticipated to be 59.5 percent, plus interest (if applicable).

Tardily filed general (unsecured) claims are as follows:

Claim No	Claimant	Allowed Amount of Claim	Interim Payments to Date	Proposed Payment
4	SFC Central Bankruptcy	330.00	0.00	196.50
5	Blue Cross Blue Shield of Illinois	20,118.45	0.00	11,979.69
6	Rockford Health Physicians	5,278.82	0.00	3,143.32

Total to be paid for tardy general unsecured claims:	\$	15,319.51
Remaining balance:	\$	0.00

Subordinated unsecured claims for fines, penalties, forfeitures, or damages and claims ordered subordinated by the Court totaling \$ 0.00 have been allowed and will be paid pro rata only after all allowed administrative, priority and general (unsecured) claims have been paid in full. The dividend for subordinated unsecured claims is anticipated to be 0.0 percent, plus interest (if applicable).

Subordinated unsecured claims for fines, penalties, forfeitures or damages and claims ordered subordinated by the Court are as follows:

Claim No	Claimant	Allowed Amount of Claim	Interim Payments to Date	Proposed Payment
None				

Total to be paid for subordinated claims:	\$	0.00
Remaining balance:	\$	0.00